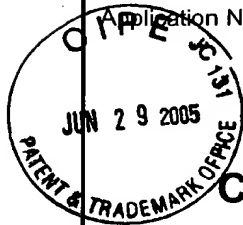


07-01-05

1637 Dr/AF

Application No. (if known): 09/807,234

Attorney Docket No.: 20087/000J067-US0

**Certificate of Express Mailing Under 37 CFR 1.10**

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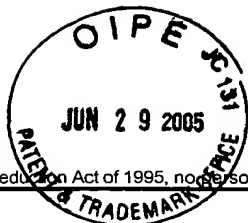
  
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Response to Office Action and Amendment Under 37 C.F.R. 1.116 (12 pages) and  
Exhibit 1 attached thereto (2 pages).  
Amendment Transmittal Letter (1 page)  
Transmittal Form (1 page)  
Postcard Return Receipt



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PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031

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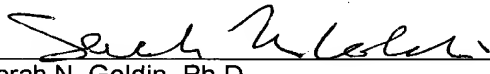
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/807,234
	Filing Date	April 6, 2001
	First Named Inventor	Tae-Shin Park
	Art Unit	1637
	Examiner Name	A. H. Spiegler
Total Number of Pages in This Submission	Attorney Docket Number	20087/000J067-US0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Certificate of Express Mailing Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Sarah N. Goldin, Ph.D.		
Date	June 29, 2005	Reg. No.	54,127

Express Mail Label No.

Dated: \_\_\_\_\_

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 20087/000J067-US0		
Application No. 09/807,234	Filing Date April 6, 2001	Examiner A. H. Spiegler	Art Unit 1637		
Applicant(s): Tae-Shin Park					
Invention: GENOTYPING KIT FOR DIAGNOSIS OF HUMAN PAPILLOMAVIRUS INFECTION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	<del>29</del> 40	- 40 =		x	
<b>Independent Claims</b>	6	- 6 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 300px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Sarah N. Goldin, Ph.D. Attorney Reg. No.: 54,127			Dated: <u>June 29, 2005</u>		
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
Express Mail Label No. _____ Dated: _____					

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Dated: \_\_\_\_\_

Docket No.: 20087/000J067-US0  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Tae-Shin Park

Application No.: 09/807,234

Filed: April 6, 2001

For: GENOTYPING KIT FOR DIAGNOSIS OF  
HUMAN PAPILLOMAVIRUS INFECTION



Art Unit: 1637

Examiner: Alexander H. Spiegler

**RESPONSE TO OFFICE ACTION AND AMENDMENT UNDER 37 C.F.R. 1.116**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action mailed by the U.S. Patent and Trademark Office on March 31, 2005 and in accordance with Rule 116 of the Rules of Practice, please enter the following amendments and consider the accompanying remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.